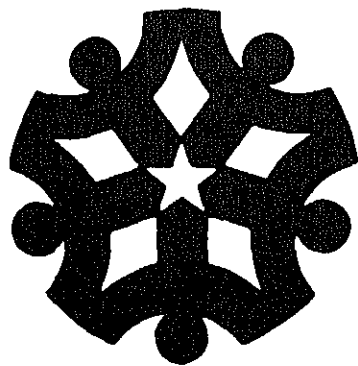


CARNEGIE LIBRARY

OCT 22 1987

DEPOSITORY



Programs for the Handicapped

CLEARINGHOUSE ON THE HANDICAPPED

Sept./Oct. 1982 • Number 5

(ISSN 0565-2804)

HIGHLIGHTS

**Department of Education Proposes
Amendments to P.L. 94-142**

NIHR Sets FY 1983 Funding Priorities

**Acting NIHR Director Talks About
Role, Priorities**

**Computerized Aids Offer Voice
To Nonvocal Handicapped**

Fire Safety and the Handicapped

**Patient Information and
Health Education Resources**

114

Department of Education • Office of Special Education and Rehabilitative Services

Office of Information and Resources for the Handicapped • Washington, D.C. 20202

CONTENTS

Department of Education Proposes Amendments to P.L. 94-142	1
NIHR Sets FY 1983 Funding Priorities	2
Acting Director Long Talks About NIHR Role, Priorities	3
Needs of Disabled Included in Housing Report to the President	5
RSA Estimates Economic Gains From Rehabilitation	6
HHS Announces Further CDI Reforms	6
HHS Proposes New SSI Rules On Burial Plots	7
HHS Warns Against Reye's Syndrome	8
HHS Announces Formation of Health Resources and Services Administration	8
Computerized Aids Offer Voice To Nonvocal Handicapped	9
Fire Safety and the Handicapped, A Growing Concern	11
Patient Information and Health Education Resources	12
News Briefs	14
Announcements	16
New Publications	18

Address editorial and subscription inquiries to:

Programs for the Handicapped
CLEARINGHOUSE ON THE HANDICAPPED
Office of Information and Resources for the Handicapped
Room 3119 Switzer Bldg.
Washington, D.C. 20202
Telephone: (202) 245-0080

Dept. of Education Proposes Amendments to P.L. 94-142

In an attempt to reduce fiscal and administrative burdens on State and local school systems, the Department of Education announced on August 4 proposals to amend Part B of the Education of the Handicapped Act (94-142) regulations.

"The overriding purpose of the proposed revisions is to improve the process for ensuring a free appropriate public education for handicapped children by eliminating unnecessary or unduly burdensome regulations that detract from that process," Secretary of Education T. H. Bell said in announcing the proposals. "These proposed regulations will adhere more closely to the Act, address problems which have arisen since the first regulations under P.L. 94-142 were introduced in October, 1977, and would be simpler and easier to understand."

The revisions to Part B of the Act for State formula grants are the culmination of an extensive Department of Education review which began in March, 1981 in response to a Presidential Task Force request to provide regulatory relief. The review included broad public briefings, extensive analysis of more than 100 detailed responses to requests for information, and hundreds of letters from parents, students, and school personnel.

Special attention has been given to eliminating or reducing excessive paperwork requirements and regulatory detail that cost educational agencies administrative time and resources, and inappropriately limit local discretion, Secretary Bell explained. For example, the regulations remove numerous state plan requirements for detailed documentation of state policy and data. Instead, guidelines have been added that explain how a state may demonstrate that it meets the Act's funding requirements.

The Secretary also noted that regulatory guidance has been provided where it was felt a regulation would help to clarify the responsibilities of public agencies in educating handicapped children. For example, a section on discipline has been added to clarify the circumstances under which a school district's normal disciplinary standards may be applied to handicapped children.

The Department has allowed for an extended period of public comment on the proposals and scheduled nine regional briefings and public hearings across the nation to encourage full public participation in the regulatory process.

To date, comment has been heavy and objections have been raised by both the House and Senate to key parts of the proposed regulations. At a public hearing in Washington on September 8, Secretary Bell acknowledged that proposed amendments to P.L. 94-142 had already begun to generate a "quite enormous" volume of comment. "We're not dug in and set on any specific

provision," the Secretary said. "We are considering the possibility of holding for further study . . . some of the provisions that are drawing a lot of attention and concern and some of the provisions that may need considerable revision."

The proposed changes generating the most comment center around the following four issues:

- **Individualized education program (IEP).** In an attempt to provide timelines in accordance with individual circumstances, the proposed amendments would delete the 30-day limit for an IEP meeting. Instead, it will be up to states to initiate an IEP as "soon as they are required to meet the needs of the child."

In a statement before the Senate Subcommittee on the Handicapped, Secretary Bell explained this provision: "The proposed regulations attempt to ease the paperwork and administrative problems while maintaining requirements essential to ensure protection for children and parental involvement. For example, the paperwork burden of maintaining detailed documentation of attempts to notify parents (of IEP meetings) is removed and the requirements detailing precisely the content of that notification are deleted. However, the proposed rules are consistent with the statutory requirements that parents have an opportunity to participate in the IEP process and that they be fully informed of their rights. Our proposed regulations emphasize the flexible and cooperative process of developing a handicapped child's educational program."

Within the same arena, the proposed regulations would delete the requirement for a multidisciplinary evaluation of every child. This approach would be limited to children suspected of having "severe, multiple, or complex" disorders. Department of Education studies have shown that this approach is not necessary in many cases to diagnose a child's impairment.

- **Related services,** long a problem area in the administration of P.L. 94-142. The proposed regulations would allow the state and local school systems to "establish reasonable limitations on the provision of related services." During the review period many school officials pointed out that some limitations must be set on their responsibility for providing related services particularly when education funds are so limited. "It is important that education dollars be spent for learning," Secretary Bell pointed out.

The statutory requirement for the provision of medical services for diagnostic and evaluation purposes remains in place. However, the definition of medical services has been changed to read "services relating to the practice of medicine," and would exclude from the definition of related services surgery, medication and individually prescribed devices. The proposed regulations

no longer specifically include school health services, school social work services and parent counseling and training in the definition of related services. However, these services are still among the programs and services which public agencies may be required to provide under laws prohibiting discrimination on the basis of handicap.

- **Financial responsibility**, which has also been more clearly defined under the proposed regulations. When a child is referred to or placed in a private or public residential program, parents may not be charged for the room and board and for special education and related services provided in accordance with the child's IEP. However, public agencies may seek reimbursement for residential costs other than these specific costs. Parents will be asked to use insurance proceeds for services that must be provided to a handicapped child under the Act. But if there is a realistic threat of financial loss to the parents in filing a claim, they will not be asked to do so.

- **Placement**. While retaining the requirement that placements be made in the "least restrictive environment," the proposed rules would delete the requirement that each school district maintain a "continuum of alternative placements." It is hoped that schools will continue to place students in a variety of alternative environments, but that these decisions will be more "individualized."

The proposed regulations also would require the school to consider a handicapped child's placement in

light of any potential harm to the child or any "substantial and clearly ascertainable disruption of the education services provided to other children in the same class." This provision would, however, be applicable only in very limited circumstances.

- **Learning disabled**. In response to several studies and reports, including a recent General Accounting Office report which show a substantial increase in the number of children identified as learning disabled, the proposed regulations change the eligibility criteria in an effort to encourage states to establish more rigorous standards to prevent the classification of children without real basis as learning disabled. The criteria provide that the discrepancy between a child's achievement and ability must be severe and verified, and must be the result of one or more of the serious and identifiable conditions specified in the statute. The proposed regulations would exclude children whose learning problems are the result of inappropriate instruction, lack of readiness or motivation, delayed maturation or other factors external to the child.

Comment on proposed changes to 94-142 regulations will end December 2, 1982. More detailed information is available from Ed Sontag or Shirley Jones, Special Education Programs, Department of Education, 400 Maryland Avenue, S.W., Room 4000, Donohoe Building, Washington, DC 20202-4714, (202) 426-6114. A regulatory impact analysis is available from Anne Graham, Assistant Secretary for Legislation and Public Affairs, Department of Education, Washington, DC 20202, (202) 245-8233.

NIHR Sets FY 1983 Funding Priorities

The National Institute of Handicapped Research (NIHR) published a final list of 35 funding priorities for fiscal year 1983 in the *Federal Register*, August 25, 1982. NIHR will support research and related activities in these areas through its Research and Training Centers, Rehabilitation Engineering Centers, Research and Demonstration Projects, and two Knowledge Dissemination and Utilization Projects. Following a period of public comment, some of the 47 priorities proposed on May 19, 1983 have been eliminated entirely, some have been consolidated with other priorities, and some have been revised in terms of the nature of the research to be conducted or the program authority under which it is to be funded. Two of the proposed priorities were determined to be more appropriately supported through the contract mechanism, and NIHR plans to publish RFP's in these areas.

NIHR funding priorities for fiscal year 1983 are as follows:

RESEARCH AND TRAINING CENTERS

(All grants to RTCs are for up to 60 months. The number of centers indicated for each priority is a minimum figure. The amount of the grant is a maximum figure.)

- Improved rehabilitation modalities for muscular skeletal impairments, arthritis, and low back syndrome—two centers, up to \$725,000 each.
- Rehabilitation of cardiac patients—one center, up to \$500,000.
- Improving rehabilitation potential in brain trauma and stroke victims—two centers, up to \$725,000 each.
- Comprehensive rehabilitation management of neurological diseases, including multiple sclerosis and related neuropathies—one center, up to \$725,000.
- Improving methods and techniques for rehabilitative management of spinal cord dysfunction—two centers, up to \$725,000 each.
- Improving management of vocational rehabilitation services—one center, up to \$725,000.
- Enhancing employability of handicapped individuals—one center, up to \$725,000.
- Improving sheltered, transitional and protected employment and alternative employment solutions—one center, up to \$650,000.
- Improving vocational rehabilitation at the workplace—one center, up to \$400,000.
- Enhancing psychosocial and linguistic development for deaf individuals—one center, up to \$400,000.

- Improving employability for mentally retarded individuals—one center, up to \$600,000.
- Improving the psychosocial environment and eliminating social and attitudinal barriers—one center, up to \$500,000.
- Improving community integration of mentally retarded individuals—one center, up to \$600,000.

REHABILITATION ENGINEERING CENTERS

(All grants are for at least one center for a period of up to 60 months. The amount of the grant is a maximum figure.)

- Improved wheelchair systems and specialized seating—up to \$725,000.
- Improved techniques of functional electrical stimulation—up to \$725,000.
- Improved methods of quantification of function/performance—up to \$725,000.
- Improving personal licensed vehicles and transportation—up to \$500,000.
- Stimulation of industry and evaluation of technology—up to \$500,000.
- Improving rehabilitation of low back pain—up to \$500,000.
- Improved prostheses, orthoses, and total joint replacement—up to \$750,000.
- Modifying the work site to enhance employability—up to \$725,000.
- Development of new generation hearing aids—up to \$400,000.
- Development of nonvocal communication assistance—up to \$400,000.

RESEARCH AND DEMONSTRATION PROJECTS

(All grants are for at least one project. The amount of the grant is a maximum figure.)

- Enhanced understanding of the economics of disability—up to \$200,000, up to 60 months.
- Improved rehabilitation care and treatment for individuals with severe burns—\$200,000, up to 36 months.
- Improving functional assessment for employment—up to \$150,000, up to 36 months.
- Enhancing rehabilitation and family adjustment for handicapped children and youth—up to \$200,000, up to 48 months.
- Improving vocational rehabilitation in postsecondary education programs for deaf individuals—up to \$200,000, up to 36 months.
- Improving vocational rehabilitation of learning disabled adults—up to \$200,000, up to 48 months.
- Improving services to minority populations—up to \$200,000, up to 36 months.
- Improving vocational rehabilitation opportunities for railroad workers—up to \$150,000, up to 24 months.
- Aids to improve mobility for individuals with low vision—up to \$200,000, up to 24 months.
- Improving usefulness of functional electrical stimulation—up to \$300,000, up to 60 months.

KNOWLEDGE DISSEMINATION AND UTILIZATION PROJECTS

- Improving service delivery in rural areas—one project, \$200,000, up to 36 months.

- Improving utilization of research results—one project, up to \$250,000, up to 36 months.

For more information on the NIHR funding priorities for FY 1983, refer to the Federal Register, August 25, 1982, or contact: Edyth Glazer, National Institute of Handicapped Research, 400 Maryland Avenue, S.W., Washington, DC 20202. Telephone: (202) 245-0555, TTY (202) 472-4217.

Acting Director Long Talks About NIHR Role, Priorities

"I am more impressed every day with what happens here," says Darid J. Long, Acting Director of the National Institute of Handicapped Research (NIHR). "It is my conviction that handicapped research offers some of the most fertile ground for creative work to benefit society as a whole. We are excited, and so are the scientists and researchers in the field."

In a recent conversation with the editor of *Programs for the Handicapped*, Long talked about NIHR operations, priorities, and the role the Institute will play in advancing research for the handicapped through the 1980's.

"Largely as a result of the advances made in the '70's in the medical field, the reality of the '80's will be, among other things, the presence of an increasingly large population with greater life expectancy," Long explains. "This shift toward an older population calls for a greater share of our effort than ever before. We must be prepared now to give attention to the specific needs of the elderly handicapped, especially to their comparative difficulty in coping with and adapting to newly acquired disabilities such as sensory loss, stroke, low back pain—the kinds of things that are prevalent today."

"Increased motor vehicle accidents are leading to greater incidents of severe head trauma and other disabilities. More premature babies are being saved because of advances in neonatal intensive care, but now we must deal with new problems here too."

"NIHR is charged with conducting a research program which takes into consideration the needs of this full spectrum of persons from the very young child to the disabled elderly. We carry out our research program through our network of 27 Rehabilitation Research and Training Centers across the country and 17 Rehabilitation Engineering Centers in this country and abroad. In addition, we have a discrete research and demonstration program, an information utilization program and an international program. Through the Interagency Committee on Handicapped Research we also coordinate all handicap research programs and conduct cooperative projects with other agencies in the Federal Government."

"We have a tremendous legacy and a tremendous challenge ahead as well."

"Our program is moved by the goals and objectives set forth in our Long Range Plan for Handicapped Research, which was one of the first major tasks of the Institute. This plan will be undergoing revision this year. We will be holding a series of participatory planning conferences in conjunction with other offices of OSERS (Office of Special Education and Rehabilitative Services) this fall. The meetings in Seattle, Dallas and Washington, DC, will seek out the best advice from handicapped persons, professionals in rehabilitation, researchers, representatives of handicapped organizations and others on the needs that should be addressed in the future. As in the past, all subsequent research priorities and grant competitions will follow from this plan."

As a result of input, NIHR has in FY 1983 proposed expanding its funding in the areas of employment, psychological development, and comprehensive services for handicapped individuals, as well as stepping up its efforts to involve and stimulate private industry in the development of new devices and aids for the handicapped.

The more than a thousand comments NIHR received on its 47 FY 1983 priorities proposed last May "helped us to more finely shape the language of the final 35 priorities to either broaden or narrow the focus, as the need might be," Long added.

Many researchers, for example, contended that some of the priorities, especially in the medical area, were too narrow and restrictive in scope and should be broadened to include related rehabilitation programs. As a result, NIHR presented the final priorities in a less restrictive manner and to give each priority a somewhat broader scope, while still limiting to some extent its breadth.

"We are caught in a quandry about what to do with the funds we have," Long admitted. "Do you spread it a little further in hopes of getting more benefit, or do you spread yourself so thin that you don't get much of anything. Those are the kinds of problems we have to wrestle with."

Long pointed out, however, that even though the funding picture was still unsettled (Congress had yet to act on a FY 1983 budget bill as we went to press), NIHR funding will remain relatively stable with the President's request of \$26 million.

Other commenters expressed concern that NIHR's priorities in physical restoration areas appeared to be in the province of other agencies, and called for NIHR to focus on a more limited vocational rehabilitation priority. The Institute agrees that the focus of its research



Acting Director of NIHR David J. Long has served as an educator, teacher, counselor, administrator, legislative lobbyist, and public relations and management consultant. For over 20 years he was the President/Executive Officer of the Utah School Boards Association and Secretary of the Pacific Region of the National School Boards Association.

but points out that proposed research programs in such areas as neuromuscular impairment, major trauma, and central nervous system problems have been planned in conjunction with relevant NIH agencies to avoid duplication and to assure that NIHR focuses on rehabilitation aspects of the problems not included in NIH research.

As for areas where NIHR is not involved, Long says, "since there is quite a bit going on in other institutions, we feel that our limited money might be better spent in other areas."

Can the Institute really make much of an impact with its limited funds and somewhat restricted priorities, Long was asked. "I think we are having a tremendous impact," he said. "Look at the progress we have made in such areas as hip and joint replacement, electronic revitalization of muscles, and devices for the blind, to mention but a few. Those are all direct results of NIHR support."

Long also stressed that NIHR supports applied research, "not some esoteric stuff that may or may not lead to something. We have to have the element of application. Most of our money goes to centers with a clinical setting where we treat the whole person—the whole gamut of psycho-social needs as well as physical impairment. That is vitally important to the center concept." And since these centers must come up with matching funds of their own, "there is a greatly expanded, synergistic effect from NIHR funding."

"Research can be creative and it can be productive," Long concluded. "We have a tremendous legacy and a

Issues of Disabled Included In Housing Report to the President

With the percentage of elderly and handicapped persons in our population expanding, the problems of affordability, adequacy and availability of housing for these groups were among the key issues addressed in the recently published "Report of the President's Commission on Housing."

The Commission was established by Executive Order of the President on June 16, 1981 to develop options for a national housing policy to delineate the role of the Federal Government in the future of housing. The following findings and recommendations of the Commission on the housing needs of the elderly and handicapped are excerpted from the final report.

At present, 11.2 percent of the population is 65 years or older. The 1979 Annual Housing Survey indicates there were 6 million elderly-headed households with one or more members with mobility impairments or health problems that limited their ability to move around in the home and to use normal household equipment and hardware.

Census Bureau projections suggest that the proportion of elderly in the population will rise to 20 percent by the year 2030. It is expected that the numbers of very old persons (those over the age of 85) will also increase substantially. Many of these people will have chronic or long-term disabilities or illnesses that reduce their ability to live independently.

It is projected that the percentage of elderly with activity limited by some chronic condition will rise from 10 to 23 percent by 1990. Potential candidates for institutionalization, if unable to obtain needed services, are expected to increase by up to 3 million.

Current HUD Programs

A number of existing HUD programs have been used to serve disabled persons. The Section 8 Housing Assistance Payments Program provides rental subsidies to low income individuals and families. The program's New Construction component guarantees Section 8 payments for units in newly developed projects; this guarantee of rental subsidy is used to obtain conventional financing. Eleven percent of the tenants in the New Construction program are disabled.

In addition, the Public Housing program, one of the oldest HUD efforts, provides funding to public housing agencies to assist in the development of lower-income housing. Because Section 504 of the Rehabilitation Act requires all recipients of federal money to make their programs accessible to disabled people, a certain percentage of public housing units must be accessible to people with disabilities, including sensory impairments and hidden handicaps such as epilepsy, mental retardation, or mental illness. Thirteen percent of the tenants in public housing projects are disabled.

Information on HUD programs which can be used for disabled persons may be obtained from the Office of the Special Advisor to the Deputy Under Secretary for Intergovernmental Relations, Department of Housing and Urban Development, 451 7th Street, S.W., Room 10184, Washington, DC 20410, (202) 755-7149.

Commission Proposals

The Commission's proposals to assist low-income households apply to many disabled and elderly persons. These proposals call for:

- 1) housing payments that provide cash assistance to households for rent. The subsidies would not be tied to a particular unit, but would be paid directly to either the program participant or the landlord of a unit selected by the renter. This system is similar to the Section 8 program; a primary difference involves allowing direct payment to tenants.

- 2) An expansion of the HUD Community Development Block Grant (CDBG) program to make standard housing available to lower-income households living in substandard units. In a departure from current CDBG policy, new construction would be able to be funded.

In addition to proposing these two programs, the Commission addresses the needs of elderly homeowners who lack sufficient resources to maintain their homes and live independently. The Commission recommends that state and local authorities act to permit homesharing by elderly homeowners, including rental of rooms and construction of accessory apartments, which are separate living units created from extra space within existing single family housing. The potential for homesharing is demonstrated by data from the Annual Housing Survey. In 1979, there were 12.2 million one- or two-person households headed by homeowners 55 or older living in homes of five rooms or more. The Commission encourages local governments to relax zoning and/or land-use regulations, while maintaining requirements for health and safety, to allow greater flexibility so that elderly people can meet their housing needs through home-sharing and accessory apartments.

The Commission also endorses the use of mechanisms to enable older homeowners to convert their home equity into income while remaining in their homes, and recommends that the Department of Housing and Urban Development, the Federal Home Loan Bank Board, and the Internal Revenue Service facilitate and encourage the use of these mechanisms. Examples include reverse-annuity mortgages, which allow homeowners to draw against home equity as an asset, giving the homeowner-borrower additional income paid on a periodic basis; deferred payment loans, which provide a lump sum, repayable at the time of sale; and sale-leaseback arrangements, in which investors purchase homes from

homeowners and lease the property rent-free to the former owner for life or for a fixed term. These plans also make cash available to homeowners for major repairs required to make improvements, including the removal of architectural barriers. Some homeowners are currently unable to obtain repair loans because of low monthly cash incomes.

Copies of the "Report of the President's Commission on Housing" may be purchased for \$8.50 from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. The stock number, 041-001-00258-8, should be noted on orders.

RSA Estimates Economic Gains From Rehabilitation

The State-Federal Program of Vocational Rehabilitation provides a wide variety of services to persons with mental and physical disabilities to enable them to find or continue in employment to the limit of their capacities. The benefits of this program accrue not only to private individuals, but also to Federal, State and local governments. These benefits can be as obvious and tangible as an increase in earnings and tax contributions among rehabilitated persons, or as intangible as a heightened sense of personal worth.

The Rehabilitation Services Administration (RSA) makes annual estimates of the cost-benefit status of the State-Federal program. Currently, it utilizes a simple, straightforward methodology which focuses on only one among many benefits of vocational rehabilitation. This benefit is the projected increase in lifetime earning of rehabilitated persons attributed to vocational rehabilitation services under the State-Federal program, per dollar of expenditure on all persons for whom services are terminated. Even this less than comprehensive effort dramatically reveals the impressive gains that disabled persons derive from this program, as the benefit/cost ratio for Fiscal Year 1980 is 10.4:1. This means that for every dollar spent on rehabilitation services, an estimated improvement of \$10.40 in individual lifetime earnings will result.

On the whole, State rehabilitation agencies have been fairly successful in maintaining the benefit/cost ratios despite a) rising costs, b) decreasing numbers of persons being rehabilitated and c) increasing proportions of severely disabled persons for whom remunerative outcomes are less likely. However, the Fiscal Year 1980 benefit/cost ratio of 10.4:1 represents a decline from the Fiscal Year 1979 projection (10.9:1), due primarily to a loss in the number of rehabilitations between the two years of 11,200 and a continuing rise in the proportion of severely disabled persons among those rehabilitated, this time to 51 percent. In light of an additional loss of 21,300 rehabilitations in Fiscal Year 1981 and a

further increase in the proportion of the severely disabled to 54 percent, another decline in the benefit/cost ratio is expected.

No earnings are calculated or assumed in the RSA methodology for the one individual in seven who is traditionally rehabilitated as a homemaker. The rehabilitation costs on these individuals, however, are incorporated into all cost projections.

In addition to increasing the earning potential of rehabilitated persons, the Federal-State investment in rehabilitation services also produces a return in the way of taxes paid by rehabilitated disabled individuals. In the first year after case closure, persons rehabilitated in Fiscal Year 1980 are expected to pay to Federal, State and local governments an estimated \$211.5 million more in income, payroll and sales taxes than they would have paid had they not been rehabilitated. In addition, another \$68.9 million will be saved as a result of decreased dependency on public support payments and institutional care. Thus the grand total first year benefit to governments will be \$280.4 million.

Any questions on the vocational rehabilitation cost benefits developed by RSA should be addressed to the Basic State Grants Branch, Division of Program Administration, Rehabilitation Services Administration, U.S. Department of Education, Washington, DC 20202.

HHS Announces Further CDI Reforms

HHS Secretary Richard S. Schweiker and Commissioner of Social Security John A. Svahn recently announced further administrative reforms of the Continuing Disability Investigation (CDI) review process which is being carried out under a 1980 Congressional mandate.

Secretary Schweiker and Commissioner Svahn also renewed their endorsement, first announced last April, of several legislative proposals designed to further ease the impact of the CDI program on persons whose cases are selected for review.

The administrative reforms announced today include:

- Face-to-face interviews in the Social Security Administration's 1,350 local offices for all CDI cases chosen for review beginning October 1;
- A 20 percent reduction in the number of CDI cases to be reviewed by State Disability Determination agencies during the 1983 Fiscal Year beginning October 1, dropping the number from about 806,000 to about 640,000, a move designed to ease the workload burden and allow states more time to develop medical evidence in each case; and,
- Continuation through September of a selective moratorium on referral of cases to a number of states with unusually large CDI case backlogs under which 56,000

case files have been held in Baltimore since August pending state action to clear up overdue reviews.

Commissioner Svahn said that under the new procedure, persons selected for CDI reviews will first be interviewed by Social Security personnel before their cases are sent on to state agencies for intensive review.

"This is a major new responsibility for our local offices," Svahn said, "but it is one we believe we must take on for the good of the beneficiary and the integrity of the program.

"We want to make sure, up front, that each recipient is fully aware of what the process is all about, why it's being done, how important it is to provide all available medical evidence to the state agencies, and that each person is fully aware of his or her rights and responsibilities. We also want to make sure to the extent possible short of a medical examination that each case sent to a state agency is indeed an appropriate case for review. This is, however, only a first step. We still need Congressional action to help us take a necessary second step."

Schwelker and Svahn repeated the administration's April 28 endorsement of certain provisions of CDI reform legislation now pending in Congress which, Svahn said, "would go far toward improving the process and lessening its impact on individuals."

Chief among the endorsed reforms are:

- A mandate, beginning October 1, 1983, for a face-to-face evidentiary hearing at the "reconsideration" or first-level appeal of state agency decision, a process which is now conducted entirely via examination of submitted evidence.
- Provision for disability benefits to be continued for up to six months during the initial appeals process. Benefits are now terminated 60 days after the original state agency decision.

"The 1980 Congress mandated that all disability cases be reviewed periodically," Svahn said. "Both the General Accounting Office and our own auditors have found that an alarmingly high number of ineligible persons—as many as one in four—are receiving disability benefits. We simply cannot afford to give away as much as \$4 billion each year to ineligible people. But we must proceed with the CDI review program in a responsible, responsive manner which at once gets ineligible people off the rolls and at the same time takes great pains to protect the rights and benefits of those who truly belong in the program. These reforms—along with Congressional action to let us do even more—will be crucial to our ability to accomplish both of those goals."

HHS Proposes New SSI Rules On Burial Plots

Health and Human Services Secretary Richard S. Schweiker has ordered HHS to write new regulations so that aged, blind and disabled persons who purchase burial plots and burial contracts do not risk losing their Supplemental Security Income (SSI) benefits. The changes will also affect Medicaid beneficiaries in the 34 states where Medicaid coverage is automatically extended to SSI recipients.

"We think it is unfair to penalize low-income elderly and disabled people who have provided for their own burial expenses, by making them give up their burial plots or contracts in order to remain eligible for SSI and Medicaid benefits," Schweiker said in announcing the change, which will replace regulations in effect since the beginning of the SSI program in 1974.

SSI is an \$8.2 billion federal program providing cash assistance to nearly 3.7 million low-income elderly, blind or disabled persons. Medicaid is a state-run program for medical assistance to low-income persons which is funded in part by the federal government.

Under 1972 law, SSI benefits can be provided only to persons with resources of \$1,500 or less (\$2,250 for couples). Certain specified necessities of living, like homes and clothing, are not counted when computing a person's "resources." But under the current SSI regulations, burial plots and contracts have been counted as "resources." This can cause a person's "resources" to exceed the limit, thus disqualifying the individual from SSI and in some instances, Medicaid assistance.

The issue of whether burial plots should be considered "resources" in determining eligibility for SSI and Medicaid received national public attention recently through the case of a Charlottesville, Virginia woman whose burial certificate placed her over the \$1,500 limit on assets contained in Virginia's Medicaid eligibility rules.

In 15 states, including Virginia, Medicaid eligibility is not given automatically to SSI recipients, and their rules on burial plots and contracts can be more restrictive than for SSI.

"Although HHS has no authority to change the Medicaid rules in those 15 states which determine their Medicaid eligibility rules separately from SSI, I hope that, by changing federal SSI eligibility rules, we will encourage those states to follow our example and make the same change in their own state Medicaid rules," Schweiker declared.

The Department of Health and Human Services has proposed a warning label and a public awareness program including radio announcements, to alert parents that Reye's syndrome, a rare but life-threatening disease, has been reported to be linked to the use of aspirin and other salicylate-containing drugs by children under 16 years of age who have flu and chicken pox.

Outlining his plans before a House subcommittee hearing today, Schweiker said a key part of the program will be radio public service announcements that will reach parents and physicians before the next flu season. "This public education campaign is vital," HHS Secretary Richard S. Schweiker said, "because label changes take time and we must address products already in retail stores and homes. We have to alert parents as quickly as possible."

In addition to aspirin, many common over-the-counter and prescription drugs, including some popular cough and cold remedies, contain salicylates.

The Reye's syndrome awareness campaign will enlist the help of consumer and health professional groups to circulate information to the public. Question-and-answer brochures will be sent to physicians and pharmacists. Also, a feature article on the subject will be published in the October issue of the *FDA Consumer* magazine. That article, along with a column about the problem written by Surgeon General C. Everett Koop, M.D., will be made available to newspapers around the nation.

Reye's syndrome is characterized by vomiting and lethargy which may progress to delirium and coma in children who are recovering from viral infections, particularly influenza or chicken pox. About 600 to 1,200 cases occur each year in the U.S., most between the ages of 5 and 16. Death results in 20 to 30 percent of the cases and permanent brain damage in many others.

The U.S. Centers for Disease Control earlier this year reported on four studies (one each from Arizona and Ohio and two from Michigan) in which the use of salicylates and salicylate-containing drugs during an earlier viral illness was more common in patients who developed Reye's syndrome than in matched controls.

An FDA working group went to the states and audited raw data from three of four case control studies conducted by state health departments (two in Michigan and one in Ohio) and performed an independent analysis of the data. The analysis was discussed on May 24 in an open public hearing on salicylates and their association with Reye's syndrome.

The American Academy of Pediatrics Committee on Infectious Diseases also reviewed the data and in the June 1982 issue of *Pediatrics*, its official journal, issued

HHS Announces Formation Of Health Resources and Services Administration

Dr. Edward N. Brandt, Jr., Assistant Secretary for Health, Department of Health and Human Services, has announced formation of the Health Resources and Services Administration (HRSA), a new agency of the Public Health Service (PHS), effective September 1, 1982. HRSA replaces the Health Resources Administration (HRA) and the Health Services Administration (HSA).

The following PHS programs will be consolidated into four bureaus in the Health Resources and Services Administration:

- The **Bureau of Health Care Delivery and Assistance** combines programs from HSA's Bureau of Community Health Services, Bureau of Medical Services, and the National Health Service Corps (including scholarships), formerly administered by the Bureau of Health Personnel Development and Service.
- The **Indian Health Service** is transferred from HSA with no change in organization and functions and will continue to ensure a comprehensive health services delivery system for American Indians and Alaska Natives.
- The **Bureau of Health Maintenance Organizations and Resources** includes the Office of Health Maintenance Organizations from the Office of the Assistant Secretary for Health, and HRA's Bureau of Health Planning and Bureau of Health Facilities.
- The **Bureau of Health Professions** will provide leadership in coordinating, evaluating and supporting the development and utilization of the nation's health personnel.

"The new agency will provide leadership and direction for programs to provide direct health services for certain population groups and to develop the resources necessary for the health care system of the future," Dr. Brandt said.

Dr. Robert Graham, who has been serving as acting administrator of the Health Resources Administration, will be administrator of the new agency. The deputy administrator will be John H. Kelso, who was the acting administrator of the Health Services Administration.

Headquarters for the Health Resources and Services Administration will be located in Room 14-05 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-2216.

Computerized Aids Offer Voice To Nonvocal Handicapped



Michael Williams dines out in style with the use of his voice output communications aid (VOCA).

Photo by Carole Krezman, courtesy of Communications Outlook.

In March 1980, at the age of 42 Michael Williams found his voice. It did not emanate from within—that capability was permanently impaired by cerebral palsy, but from a Phonic Mirror Handivoice, a newly developed voice output communication aid (VOCA) that is beginning to free many from the netherworld of nonvocal persons.

With his "fiendishly clever" portable voice synthesizer, Williams reports that he no longer suffers the terrible isolation of the nonvocal. People no longer talk over him or around him. They talk to him. If he wants to, he can answer. Questions like "Can he hear me?" and "Does he understand?" are a thing of the past. And with his more advanced home computer, Williams can pursue his work as a freelance writer.

The significance of this technological breakthrough can hardly be understated. As social beings, communication is our most important faculty. Without it, individual potential is severely restricted. Computerized communication devices represent a giant step forward for millions of neurologically and neuromuscularly impaired people.

But as miraculous as they may seem, VOCA's did not

appear from the heavens. They are the result of years of painstaking effort by scientists, engineers, manufacturers, teachers, social workers and others, and they have barely scratched the surface. The new aids are limited in function and quite costly, and a good deal more research and analysis will be needed to determine future development. The potential benefits are there, however, and those in the field are eagerly optimistic that computerized communication aids will one day be widely available to the nonvocal handicapped.

State of the Art

Computerized electronic communication aids are essentially automated versions of manual systems that have been used for years, such as pointing to words, symbols, pictures, or coded messages on a communication board. Manual systems are often painfully slow, however, and quite limited in what they can communicate—usually only vital needs. They also require a patient second party interpreter. The growth of electronic aids really stems from the need of nonvocal persons to assemble messages independently. This is their primary advantage, in addition to much greater speed and greatly expanded functions.

More advanced units now feature an electronic impulse which scans a matrix-like display and stops on the user's command. The units may be activated by use of a modified keyboard (for those with moderate physical handicaps), by use of a single sensitive switch, or by manual or electronic pointers held in the mouth or attached to the user's head. Prototype units have been developed which even track eye movements on the display screen. Messages are either printed on a paper tape or displayed on a lighted letterboard. More sophisticated electronic communication boards can be interfaced with speech synthesizers and home computer systems, giving the user an almost unlimited vocabulary and access to employment, entertainment and environmental control capabilities.

A quantum leap forward in technology for nonvocal persons came with the advent of portable, voice synthesizing VOCA's, which allow users to communicate with anyone, anywhere regardless of their familiarity with communication devices. The leader here was the Phonic Mirror HandiVoice, manufactured by VOTRAX, a division of Federal Screw Works, and HC Electronics, a subsidiary of American Hospital Supply Corporation. It is a hand-held, battery-operated device that simulates the human voice and can produce complete sentences. Model HC 120 stores 900 words, the alphabet and a phonomic capability which allows the user to create words not present in the aid's prestored vocabulary. Model HC 110 is a graphically illustrated instrument for pre-language or developmentally disabled persons. It has 500 words and phrases and a phonomic capability. Both devices are available through professional recommendation from HC Electronics, Inc, 250 Camino Alto, Mill Valley, CA 94941.

Experts in the field expect the memory capabilities of these portable units to be greatly expanded in the future, but the limited input/output and control capabilities may continue to hamper their application for some time. And, because of the fine motor control required, these units will find their greatest use among individuals having mild to moderate physical handicaps, although as components within systems having other input techniques, they could be used by more severely handicapped persons.

Selecting the right communication aid

Two key factors in selecting the right communication aid for nonvocal persons are the rate of speed of communication and cost. As you might imagine, the faster, more sophisticated the communication device, the greater the cost. Therefore, the matching of devices to individuals is determined by professionals.

A leading resource in the field of special communication and control aids for handicapped individuals is the Trace Research and Development Center for the Severely Communicatively Handicapped at the University of Wisconsin, 314 Waisman Center, 1500 Highland Avenue, Madison, WI 53706, (608) 262-6966. In addition to its extensive research and development work and eval-

uation services, the Trace Center is the leading information source for all commercially available aids and research activities for the non-vocal handicapped.

In an article entitled "Practical Application of Microcomputers to Aid the Handicapped," in the January 1981 issue of *Computer Magazine*, Trace Director and Co-Founder Dr. Gregg C. Vanderhelden explained the different means of providing aids of all types to the handicapped:

"There are basically three approaches to providing aids to the handicapped: commercially available aids, custom-built aids, and modified standard systems. Commercially available aids have the advantage of being specifically designed and optimized to meet the needs of a certain class of individuals. But they have two disadvantages: (1) since these aids must be designed for a category of people, they may not meet specific needs; and (2) only aids needed by a large number of individuals can be produced economically.

"At the other end of the spectrum are custom-built aids designed and constructed for specific individuals. With this approach the aid can be tailored to an individual's specific capabilities and needs, but cost per function is extremely high and maintenance and repair are difficult.

"The third approach—modifying or adapting standard hardware (standard for either handicapped or nonhandicapped individuals) to meet the needs of an individual or a class of handicapped individuals—lies between the two extremes and has some of the advantages and disadvantages of both. The use of microcomputers as aids for the handicapped falls into this category."

Problems and potential

Progress in the use of microcomputers as communication aids has been dramatic in the last decade, but many problems still exist. The major barrier to extending the use of microcomputers is the custom interfacing needed to achieve optimum speed. This usually involves the development of special interfaces which are not commercially available, and the use of custom hardware with standard computers can negate many of the advantages. It is rather a "catch 22."

Vanderhelden also points to the following areas of weaknesses of current microcomputers: stationary design; limited durability; limited operating systems; the requirement of a battery back-up; the unreasonable storage access speed of current low-cost systems; the lack of multi-level program execution (nesting) capability; and the lack of multitasking capability.

Vanderhelden adds, however, that none of these obstacles are insurmountable, and research and development efforts will continue to address these questions. "With the proper funding," he says, "the potential for growth in this area is tremendous."

As Michael Williams put it, "I would still like a machine that would let me..."

Fire Safety and the Handicapped, A Growing Concern

Every year, thousands of persons are killed and injured in fires. Sadly, much of this tragedy could have been avoided by taking proper precautionary measures. A working knowledge of how to prevent or escape a fire is important for everyone, but for disabled persons it is crucial.

When fires do occur, swift action is necessary and, in many cases, there is little or no margin of error. But escape from harm may be impossible for the blind person who cannot find a fire exit, or the deaf individual who cannot hear the fire alarm, or someone in a wheelchair who can find no one to assist him down an otherwise impassable fire escape.

These concerns led to the formation in March, 1978 of the National Task Force on Life Safety and the Handicapped (NTF/LSH). The Task Force includes representatives from various government agencies, architects, building designers, code professionals, emergency service personnel, and disabled consumers. Their goal is to assist in creating a life-safe environment for the handicapped, and to develop an effective means of collecting and distributing this information to interested persons.

In mid 1979, the Task Force held six workshops in cooperation with the American Institute of Architects Research Corporation, using funds supplied by the Federal Emergency Management Agency (FEMA). These workshops provided a background forum for the Task Force's first national conference, which took place in Washington, DC in November, 1979.

Hosted by the National Bureau of Standards, and jointly funded by the Veterans Administration, FEMA, the Department of Health and Human Services, and the Department of Labor, the conference brought together over 80 experts to identify the present state-of-the-art in the field.

Panels addressed a number of topics including alarm systems, egress, self-protection, and emergency service actions. The panel and preliminary workshop reports are fully presented in the 146-page publication, *Fire and Life Safety for the Handicapped: Conference and Preparatory Workshop Reports*, which is available from the National Technical Information Service (NTIS), Department of Commerce, Springfield, VA 22161 (703/487-4650). Persons interested in ordering this publication may inquire at NTIS concerning its present price using Price Code A08. When inquiring or ordering, reference Document Number PB-80-144173.

Also available from the NTIS is the *Proceedings of the 1980 Conference on Life Safety and the Handicapped*,

110-page publication presents the workshops, panel reports, and topic papers resulting from the Task Force's second national conference. This conference was intended to move from the state-of-the-art derived from the first conference to a full implementation plan containing suggestions and designs for action. This plan, a National Agenda, is included in the publication.

For information on future Task Force conferences and activities, interested persons may contact the National Task Force on Life Safety and the Handicapped, P.O. Box 19044, Washington, DC 20036.

Another federally-funded effort undertaken to improve the life safety of disabled persons, is the award of a grant from the Department of Education to the Massachusetts Fire Fighting Academy, 59 Horse Pond Road, Sudbury, MA 01776 (617) 443-8927. The Academy, in cooperation with the State's Department of Mental Health, is developing a comprehensive fire safety training program for mentally retarded individuals who reside in community residential settings. The package, which is expected to be available in January, 1983 will include trainer's guides, and audiovisual materials to be used with residents.

Additional Publications

In researching the subject of life and fire safety and disabled persons, the Clearinghouse found no one major source of information. However, the following publications all deal with the subject in various ways.

Project EDITH: Exit Drills In the Home. Vision Foundation, 770 Centre Street, Newton, MA 02158, (617) 965-5877, single copies free, available in Braille only. This small pamphlet discusses improved fire safety for visually impaired individuals through the planning and practice of escape routes in the home.

Fire Safety and You: A Guide for Handicapped People. National Fire Protection Association, Publications Department, Battery March Park, Quincy, MA 02269, (617) 328-9290, 1977, 20 pages, \$.35, Stock Number G-121. This small but comprehensive booklet contains information for disabled persons on such subjects as escaping from a fire, home fire prevention, fire fighting, burns, and fire and clothing.

Wheeling to Fire Safety. Eastern Paralyzed Veterans Association, 432 Park Avenue South, New York, NY 10016, (212) 686-6770, 16 pages, single copies free. This booklet, written in response to the fire-related deaths of two paralyzed veterans, discusses the compounded difficulties faced by persons with mobility impairments in coping with fire emergencies. Avenues of escape and

many physically handicapped people. Planning ahead and awareness of capabilities and limitations are stressed.

Signaling Devices for the Hearing-Impaired. Alexander Graham Bell Association, 3417 Volta Place, N.W., Washington, DC 20007, (202) 337-5220, seven page fold-out, free. This brochure lists and describes various types of signaling devices that are commercially available. Included are descriptions of a variety of smoke detectors which, when activated, send an electronic signal to a switching unit. This unit in turn, activates a light or bed vibrator. Various manufacturers' names and addresses are listed.

Fire Safety for Hearing-Impaired People. Distribution Office, Division of Public Services, Gallaudet College, Kendall Green, 800 Florida Avenue, N.E., Washington,

DC 20002, (202) 651-5591 or 651-5595, voice or TTY, four pages, free. This brochure describes the various warning systems presently in operation at Gallaudet College. High-intensity lights serve as fire alarms for deaf individuals, and strategically placed oscillating fans and vibrators serve the same purpose for deaf-blind persons at the College.

Access Information Bulletin: Fire Safety. National Center for a Barrier-Free Environment, 1140 Connecticut Avenue, N.W., Suite 1006, Washington, DC 20036, (202) 466-6896, 1982, eight pages, \$1.00 prepaid. This small but comprehensive overview of the state-of-the-art in fire safety and the handicapped discusses such subject areas as safety standards in board and care homes, the nature of fire safety and emergency planning, alarm systems, evacuation, refuge areas, and life safety codes. Additional information resources are included.

Patient Information and Health Education Resources

More and more people have begun to understand that health and its proper maintenance is a personal responsibility. Hospitals and clinics are responding to this need for education and information by setting up patient education libraries and passing out literature to their clients.

No patient needs information more than the disabled person who has to learn to live with and adjust to his condition. For that reason, the Clearinghouse on the Handicapped has compiled the following list of helpful information resources.

The list does not include specific subject oriented clearinghouses such as the National Diabetes Information Clearinghouse (see *Directory of National Information Sources on Handicapping Conditions and Related Services* described under "Clearinghouse on the Handicapped") nor voluntary health organizations such as the American Cancer Society (idem) but "wholesale" information operations which can provide information across the board or referral to specific sources.

Clearinghouse on the Handicapped
Office of Special Education and
Rehabilitative Services
U.S. Department of Education
Room 3119 Switzer Building
Washington, DC 20202
(202) 245-0080

The Clearinghouse does not publish any health education materials. It publishes a *Pocket Guide to Federal Help for the Disabled Person* which provides a broad overview of benefits (programs and financial assis-

tance) available to handicapped individuals from the Federal Government.

The Clearinghouse has researched national level information resources on handicapping conditions and related services and can refer inquirers to specific sources. Hospitals or other institutions which need to know about all resources are advised to obtain the *Directory of National Information Sources on Handicapping Conditions and Related Services* which the Clearinghouse developed. The 1980 edition is available from the U.S. Government Printing Office, Washington, DC 20402, for \$7.50. The 1982 edition has gone to press (August 1982) and will also be sold through GPO. The price has not been established. The Directory information is also available from one of the major vendors of computerized databases, Bibliographic Retrieval Services, Inc. (BRS), 1200 Route 7, Latham, NY 12110-1061, telephone (518) 783-1161 and (800) 833-4707 for all states except New York. There is no royalty charge, although there are charges for subscriptions to the BRS service.

National Health Information Clearinghouse
1550 Wilson Boulevard, Suite 600
Rosslyn, VA 22209
(703) 511-2590 (for Virginia calls)
(800) 336-4797

This Clearinghouse operates as a referral center. Inquirers are directed to organizations which can provide appropriate information. Hospitals with broad needs are sent a list of clearinghouses from which materials are available or are referred to the Center for Health Promotion of the American Hospital Association (see separate entry).

Bureau of Health Education
Center for Disease Control
U.S. Department of Health and
Human Services
Atlanta, GA 30333
(404) 329-3235

The Bureau of Health Education publishes a monthly periodical, *Current Awareness in Health Education*, which provides annotated bibliographic references to current journal articles, monographs, conference proceedings, reports and nonpublished documents related to health education. CAHE also includes descriptions of health education programs. Available by subscription from the Government Printing Office for \$24 per year.

Center for Health Promotion
American Hospital Association
840 N. Lake Shore Drive
Chicago, IL 60611
(312) 280-6000

The Center serves as a clearinghouse for information on health promotion. It provides information on successful programs in hospitals, bibliographies and resource lists on patient, community and employee health education, and for a fee, on-site consultation. The Center publishes *Promoting Health*, a bimonthly magazine, available on subscription for \$28 per year, or single copies or back issues for \$5 prepaid. It features the latest how-to information on programming, where-to-go information for resources, etc.

Channing L. Bete Co., Inc.
200 State Road
South Deerfield, MA 01373
(800) 628-7733

This company is the publisher of scriptographic booklets including a selection of health education topics, e.g., "Mental Retardation," "Cerebral Palsy," "Common Cold," "You and Your Heart," "Your Child's Hearing," etc. Scriptographic booklets communicate a message by words and graphics, making minimum demands on readers. Minimum order is 100 booklets (\$39 each). Booklets can be modified, subjects not available can be developed, and covers can be used to identify the disseminating program.

Consumer Health Information Service (CHIS)
Microfilming Corporation of America
1620 Hawkins Avenue
Sanford, NC 27330
(919) 775-3451

CHIS is a library in microfiche form that provides the full text of more than 1300 health related pamphlets published by voluntary health organizations, government agencies, professional associations, hospitals, research organizations, and insurance and pharmaceutical companies. CHIS encompasses information on

wellness, physical fitness and self-care as well as diagnosis, management and treatment of diseases. A printed guide accompanying the microfiches contains an annotation for each item together with subject, author and title indexes. The cost is \$295. The Microfilming Corporation will assist you in the selection of microfiche reading equipment.

Tel-Med, Inc.
National Headquarters
952 South Mt. Vernon Avenue
P.O. Box 1500
Colton, CA 92324
(714) 825-6034

Tel-Med is a library of tape-recorded health care messages which are disseminated nationwide to hospitals, medical societies, and other agencies licensed to sponsor Tel-Med programs. Licensees set up telephone lines to communicate taped messages to the public. An individual calls, selects a tape and an operator plays the appropriate message. The messages are written by physicians and other health care specialists.

Computer Products For the Handicapped

For those interested in computer-based products or services for the handicapped a new service is available to help cut through the maze of products on the market. The Handicapped's Source, a division of Intelligent Consumer Electronics, offers products and services that have been developed specifically for the handicapped, and can also offer customization of a product to suit individual needs.

Some of these services include software customization, physical hardware mounting services, conversion of systems to different computers, complimentary products both custom and standard such as a full range of actuators and standard products from IBM, Apple, Radio Shack, Texas Instruments, etc. They handle systems that include: hearing, speech and language aids; learning disabilities and mental retardation aids; vision aids, and movement and neuromuscular support systems.

Handicapped's Source also offers information searches in most areas of handicapped aids and rehabilitation products and services. For further information and a catalogue of products and services contact: Intelligent Consumer Electronics, The Handicapped's Source, 526 Langfield, Northville, MI 48167.

News Briefs

"Able-Disabled" Congressmen Cited

Four U.S. Senators and six Representatives who have shown that "disabled" does not mean "unable" have been honored by the National Office on Disability for overcoming their disabilities and performing outstanding public service. A special reception for the ten Senators and Representatives was held in the U.S. Capitol, highlighting the 1982 National Year of Disabled Persons. The Chairman of the National Office on Disability, Richard M. DeVos, recognized the President and the 236 Congressmen and Senators who supported the National Year legislation. The ten honorees are:

Senator Robert J. Dole, Chairman, Finance Committee, Chairman, Agriculture Subcommittee on Taxation, Vice-Chairman, Joint Committee on Taxation, and member, Judiciary Subcommittee on Courts, who has a paralyzed arm incurred during World War II combat service.

Senator John P. East, Chairman, Judiciary Subcommittee on Separation of Powers, who serves in a wheelchair.

Senator Daniel K. Inouye, the Ranking Minority Member, Appropriations Subcommittee on Foreign Operations, Subcommittee on Commerce, Science, and Transportation, and Subcommittee on Merchant Marine, who lost an arm in World War II combat.

Senator Charles H. Percy, Chairman, Foreign Relations Committee, and Chairman, Government Affairs Subcommittee on Energy, Nuclear Proliferation, and Government Processes. Senator Percy has a hearing impairment incurred in World War II service as a gunnery officer.

Representative Charles E. Bennett, Chairman, Armed Services Subcommittee on Seapower and Strategic Materials, contracted polio while serving in the Philippines during World War II.

Representative Tony Coelho, Chairman, Democratic Congressional Campaign Committee, and House Democratic Whip At Large, has epilepsy.

Representative Claude D. Pepper, Chairman, Select Committee on Aging, has a hearing impairment.

Representative James H. Scheuer, Chairman, Subcommittee on Natural Resources, Agriculture Research, and the Environment, and ranking member of the Energy and Commerce Committee, had polio in his youth.

Representative Morris K. Udall, Chairman of the Interior and Insular Affairs Committee, ranking member of the Post Office and Civil Service Committee, and Vice Chairman, Office of Technology Assessment, who has a visual impairment and Parkinson's Disease.

(See Congressmen, page 20)



RSA Commissioner Conn Receives Courage Award

George A. Conn, Commissioner of the Rehabilitation Services Administration, U.S. Department of Education, has been named the winner of the third annual national Courage Award, presented by Courage Center, a rehabilitation organization headquartered in the Minneapolis suburb of Golden Valley.

The national Courage Award honors individuals who have made a significant impact on a national level in improving attitudes toward and services provided to individuals with physical disabilities. Conn, who is himself disabled, directs the State-Federal Vocational Rehabilitation program which serves over one million disabled people annually. Prior to his appointment in August, 1981, he served as Director of the Handicapped Desk, Citizen's Voter Group for the Reagan campaign during 1980; Special Assistant to the Executive Director, White House Conference on Handicapped Individuals from 1975 to 1977; and Director of the Office of Public Affairs in the Rehabilitation Services Administration from 1972-75.

Telephone Training For the Deaf

Schools and programs serving the hearing impaired may now order a complete training program to teach hearing-impaired people to use the telephone successfully. The training package, "Telephone Training for the Deaf," was developed for hearing-impaired persons who are able to talk and listen on the telephone with family and friends, but want to improve communication with strangers.

News Briefs

The program was developed by Dr. Diane L. Castle at the National Technical Institute for the Deaf at Rochester Institute of Technology, who said that the program will teach hearing-impaired people how to use hearing aids and hard-of-hearing amplifiers with the telephone; what the different telephone signals mean; how to prepare to make a phone call; how to solve problems of understanding names, words or numbers; what to say in an emergency call; how to save money on long distance calls; and how to use different kinds of TDD equipment.

"Telephone Training for the Deaf" is available from: Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, DC 20007. The full package, consisting of text, student materials and teacher materials, is \$19.95 plus \$1.80 postage and handling. The text alone is \$12.95 plus \$.75 postage and handling.

New ACCD President

The American Coalition of Citizens with Disabilities, Inc. (ACCD) has elected Phyllis Rubinfeld of New York City as its new President. ACCD is a national organization that represents the needs of all disabled persons in the United States. The organization is involved in issues of concern to disabled persons such as employment, housing, education, vocational rehabilitation services, and civil rights. Since 1970, Rubinfeld has been a lecturer at Hunter College and a frequent speaker on disability-related issues. Her term as President will be for two years. ACCD is located at 1200 15th Street, N.W., Suite 201, Washington, DC 20005, (202) 785-4265.

YES, I CAN Accepting Nominations for Achievement

The Foundation for Exceptional Children is opening its second annual YES, I CAN Program to recognize the achievements of disabled children and youth. Funded by the Shell Companies Foundation, Inc., the program offers recognition of disabled youth's achievements in academics, arts, athletics, community service, employment, extracurricular activities, and independent living.

Through last year's program over 600 handicapped children and youth were recognized with a personalized Certificate of Achievement. To be eligible for recognition, a disabled young person, age 2 to 21, must be nominated by two persons in any of the above categories. Young persons who are duly nominated will receive a personalized Certificate of Achievement, a local

To receive nomination forms, send a self-addressed stamped envelope to: YES, I CAN, Foundation for Exceptional Children, 1920 Association Drive, Reston, VA 22091. All nominations must be postmarked no later than January 15, 1983. For further information contact: Jean Mack at the above address or phone (703) 620-3660.

White House Announces Fellowship Program

Applications for participation in the annual White House Fellowship Program are due by December 1, 1982. The program is designed to provide people with first hand experience and personal involvement in the process of government. U.S. citizens are eligible to apply and people with disabilities are encouraged to participate. There are no basic educational requirements and no special career or professional categories. However, the Commission on White House Fellowships is seeking applicants who have demonstrated achievement in their careers and who are involved in their communities. Fellowships, which are located in Washington, DC, are for one year positions as special assistants to Cabinet Secretaries or senior members of the White House staff. Fellows also participate in an extensive educational program including seminars with government officials, journalists and businessmen. For application forms and additional information, contact: President's Commission on White House Fellowships, 712 Jackson Place, N.W., Washington, DC 20503, (202) 395-4522.

Airline Orders New Wheelchairs

Two Virginia inventors have designed a new wheelchair especially for disabled airline passengers. United Airlines has ordered 22 of the wheelchairs for their new Boeing 767's. The inventors are Dr. Colin McLaurin of the University of Virginia's rehabilitation engineering department and Dr. Ross Goble of Accurtron Corporation of Hampton. The folding wheelchairs fit easily in narrow airplane aisles and can be stored behind the rear row of seats. They are much narrower than conventional models and are supported by four small wheels. The chairs cost the airline \$900 each.

ACRES Expands Services To Rural Educators

The American Council on Rural Special Education (ACRES) has announced the expansion of its services to rural educators. ACRES now offers a Job Referral Service and a Job Listing Service to members in participating rural school districts and cooperatives. The services were initiated because 1978-81 research funded by the Special Education Programs office, U.S. Department of Education, indicated that 94% of all states surveyed were experiencing acute personnel recruitment and retention problems. Part of a comprehensive approach by ACRES to address these problems, the Job Referral Service lists jobs available as well as individuals seeking positions or wishing to temporarily exchange jobs with rural colleagues. For further information, contact: Dr. Doris Helge, Executive Director, American Council on Rural Special Education, Box 2470, Murray State University, Murray, KY 42071.

Pen Pal Program

The publishers of *Exceptional Parent* magazine are developing a pen pal program for parents who wish to correspond with parents with similar experiences, and to enable children with disabilities to exchange letters. Parents who wish to participate, or whose children would like to write to a pen pal, should send a letter giving age, sex, and disability of their child to: Pen Pals, The Exceptional Parent, 296 Boylston Street, Boston, MA 02116.

Microcomputer Conference

The Council for Exceptional Children will sponsor a National Topical Conference on the Use of Microcomputers in Special Education on March 10-12, 1983, in Hartford, Connecticut. The Conference will focus on the use of microcomputers in special education programs and on adaptations and creation of software programs for specific exceptionalities. Topics of interest to teachers, administrators, and program planners will include: how microcomputers work; how to evaluate hardware and software; administrative uses; data management; computer assisted instruction; computer languages, programming, and the use of microcomputers to assist the handicapped. The conference will also feature exhibits and demonstrations of hardware and a variety of software packages. Program information and preregistration and housing forms may be obtained from: John Grossi, Conference Manager, The Council for Exceptional Children, Department of Field Services, 1920 Association Drive, Reston, VA 22091-1589, (703) 620-3660.

PCEH Announces National Journalism Contest

High school juniors and seniors are encouraged to participate in the Journalism contest, "Independence for Disabled People through Technology," sponsored by the President's Committee on Employment of the Handicapped. Students in public or private institutions at equivalent educational levels, such as handicapped students taking separate training, are also eligible. Five national winners will be awarded cash prizes and a trip to Washington, D.C. Participating states will also award prizes to first place winners. For deadlines and local rules of procedure, students should contact the State Chairman, Governor's Committee on Employment of the Handicapped, c/o State Capitol. Further information on the contest is available from: President's Committee on Employment of the Handicapped, 1111 20th Street, N.W., Washington, DC 20036.

West Coast Tel. Info. Service

ACCESS-INFO is a new Los Angeles-based telephone information service geared specifically to the needs and interests of persons with disabilities. The system provides taped messages on a variety of topics related to disability and rehabilitation. Recorded information is available to the consumer with a disability on topics ranging from activities of daily living through employment, the child with a disability, coping with disability, leisure and recreation and general information. One tape has information covering a quarterly calendar of events and activities on rehabilitation and disability. Consumers and professionals may contact the Public Relations Office, Los Angeles Comprehensive Rehabilitation Center, 301 North Prairie Avenue, Inglewood, CA 90301 and request a list of the tapes.

Notice

The National Library Service for the Blind and Physically Handicapped has recently reproduced in braille the publication, "Summary of Existing Legislation Relating to the Handicapped," published in 1980 by the Clearinghouse on the Handicapped. The booklet capsulizes federal legislation enacted over the past two decades affecting the disabled population. NLS patrons may order it from their cooperating library. Use Book Number BR4957.

A Second International Symposium on Visually Handicapped Infants and Young Children: Birth to Seven will be held in Aruba on May 22-27, 1983. The hosting agencies for "The First Steps" conference are the International Institute for Visually Impaired, 0-7, Inc., U.S.A. and the Fundashon Arubano di esnan Visualmente Incapacita, Aruba, Netherlands Antilles. The Symposium is open to parents of visually handicapped children, educators, physicians, nurses, psychologists, rehabilitation workers, and others interested in the early education and development of visually handicapped children, birth to age 7. One focus will be techniques and service alternatives which are appropriate for use in rural or developing countries. To request information and to have your name placed on the mail list, contact either: Henk de Beljer, FAVI, Seroe Blentoe 17-a, Aruba, Netherlands Antilles, or: Donna Helner, IIVI, 0-7, Inc., 1975 Rutgers Circle, East Lansing, MI 48823.

Rehabilitation Conference

The First Canadian Congress of Rehabilitation will be held on March 9-11, 1983, at the Skyline Hotel, Ottawa, Ontario. The theme of the Congress is "Innovation in Rehabilitation." Workshops will cover such topics as: Rheumatology; Respiriology; Burn Management; Orthopedics; Birth and Death: Issues and Choices; Sexuality; Family Support Systems; Technological Innovations; Program Evaluation; Neurology and Education; and Client, Family and Community. The Congress is being sponsored by the Canadian Rehabilitation Council for the Disabled and supported by a number of Canadian organizations concerned with programs for handicapped individuals. Further information and advance notice forms are available from: Congress Secretariat, One Yonge Street, Suite 2110, Toronto, Ontario, M5E 1E5. Telephone: (416) 862-0340.

Computer Science Program

The National Science Foundation has awarded a grant to the Chicago City-Wide College to develop a Computer Science Program for Physically Handicapped Students. The course includes an "Introduction to Data Processing" (15 lessons on three cassette tapes); and an "Introduction to BASIC Language" (eight lessons on two cassette tapes). Printed instructions, course outlines and cassette tapes, and a copy of the final project report are available at cost. Contact: Librarian, CPH-II, 2030 Irving Park Road, Chicago, IL 60618.

A National Seminar on Siblings has been planned by Kean College's Social Work Program and Institute for Human Services for May 5-6, 1983. Plans are to build upon past annual conferences dealing with siblings of developmentally disabled persons. The program emphasis will deal with the state of current knowledge and needed directions in service and research. Individuals and organizations who want more information may contact: Professor Meyer Schreiber, Department of Sociology and Social Work, Kean College of New Jersey, Union, NJ 07083, (201) 527-2090.

Technology Info For Educators

The Far West Laboratory for Educational Research and Development announces *Technology Information for Educators*. TIE is a new information service for educators who are making decisions about the use of technologies including microcomputers, interactive video, satellite, television and other innovations. The TIE staff, experienced in both technology and information services, answers questions on all aspects of educational technology including computer literacy, instructional software, electronic record keeping, hardware, and related topics.

For each question, TIE compiles a packet of up-to-date references, referrals and materials by utilizing computerized databases (such as ERIC and Microcomputer Index) as well as TIE's extensive collection of technology-related journals, news articles, catalogs, reviews, and reports. The packet is sent within 72 hours after the TIE staff receives the question.

TIE can be used as a conventional mail and telephone service or as an electronic service. Using a computer terminal or microcomputer and a telephone modem, the user can electronically transmit questions to TIE and electronically receive TIE's answers.

A 12-month, 35-question subscription to TIE is available for \$900. A charter subscription is currently being offered for \$795. Each charter subscriber will receive a free copy of the "School Administrator's Introduction to Instructional Use of Computers" and a complimentary pen watch. TIE's services are also available on an on-demand basis at \$30 per question. Alternate subscription plans are available to accommodate large districts, counties and state education departments. To subscribe or for more information, contact Jean Marzone, TIE Director, Far West Laboratory, 1855 Folsom Street, San Francisco, CA 94103, (415) 565-3035.

The Research and Training Center in Mental Retardation at Texas Tech University has produced the fourth in a series of publications under a grant from the Administration on Developmental Disabilities, HHS. The final publication, entitled *Advocacy in Residential Programs*, available at \$7, presents information that applies specifically to residential programs for persons with developmental disabilities, including large institutions and community based facilities such as group homes, nursing homes, and supervised apartments. It is intended as a training manual for advocates for people in these residential programs in any type of advocacy program, including self-advocacy, citizen advocacy, systems advocacy, and legal advocacy. Previous publications in the series are *Citizen Advocacy Resources*, 1979, \$4; *Citizen Advocacy: How to Make It Happen*, 1980, \$6; and *Action Through Advocacy: A Manual for Training Volunteers*, 1980, \$10. For further information, contact: Research and Training Center in Mental Retardation, Box 4510, Lubbock, TX 79409, (806) 742-2970.

Normalization Re-Examined, the fourth in a series called *Advancing Your Citizenship*, is a monograph of the proceedings of a national conference on normalization and contemporary practice in mental retardation. The conference was attended by policy makers, service providers, consumers, and directors of voluntary organizations. Included are five papers: "Normalization and Its Impact on Social and Public Policy" by Gunnar Dybwad; "Normalization and the Consumer" by Sharyn Kaplan, Valerie Schaaf, and Dennis Heath of People First, International; "Normalization and Society" by Philip Roos; "Normalization and Law" by Cori Brown; and "Normalization and Economics" by Ronald Conley and John Noble. It also includes participant discussion of the major issues that emerged during the program. The papers and discussion provide an informative treatise on normalization and contemporary practice in mental retardation.

as monographs are *An Advocacy*
 7 *Annotated*
 or *Persons*
volvement
 'allable at
 ' Oregon)
 research
 uild-

The Veterans Administration recently published a *Program Guide: Add-On Automotive Adapted Equipment for Passenger Automobiles* in response to the need for minimum safety and quality standards for adapted automotive equipment. The guide covers VA standards and test criteria for add-on devices, and a complete listing of VA approved devices with photographs, detailed descriptions, and names and addresses of manufacturers. The information in this publication is relevant for disabled individuals ineligible for VA assistance, since many state rehabilitation agencies funded by the Rehabilitation Services Administration purchase only equipment that meets standards issued by the Veterans Administration. Single copies are available free from Lynn Program Evaluation Service (074), Veterans Administration, 810 Vermont Avenue, N.W., Washington, DC 20420.

The University Center for International Rehabilitation, Michigan State University, has released a book entitled *Independent Living: An Overview of Efforts in Five Countries*, edited by Denise Galluf Tate, Ph.D., and Linda Chadderdon. In 1980, UCIR surveyed 122 centers in the United States whose goals are to provide assistance and services to severely disabled persons. Respondents to that survey expressed an interest in other countries' efforts in the area of independent living. The five countries reviewed in the book are Denmark, the Federal Republic of Germany, Yugoslavia, Costa Rica, and Japan, with descriptions of their rehabilitation systems, services, organizations, and the rights and benefits of disabled people. The authors, who are natives of the countries reviewed, concentrated on specific issues that relate directly to independent living: housing provisions, transportation and mobility, educational and employment opportunities, and equal participation in decision making, which provides the reader with an idea of how other cultures address the concept of independent living. The 181 page softbound book is available for \$4.75 (foreign airmail, add \$5) with checks payable to Michigan State University from: Publications, UCIR, 513 Erickson Hall, Michigan State University, East Lansing, MI 48824, USA.

NEW PUBLICATIONS

RECREATION

The *United States Rest Area Guide* is a listing of over 1300 rest areas with location and type of facilities. For each state it identifies the highways on which rest areas may be found and which accommodations are included at each area, such as picnic tables, restrooms, drinking water, outside night lights, handicapped facilities, public telephones, and recreation vehicle dump stations. This 32 page guide is available for \$3 (may be purchased by dealers at discount for resale) from: Advanced Product Wholesaling Company, 1856 Lila Court, Carlsbad, CA 92008, (714) 438-7552.

FEEDING MANAGEMENT

Feeding Management of a Child with a Handicap: Guide for Professionals has been prepared under a maternal and child health training grant by an interdisciplinary team at the University of Tennessee Center for the Health Sciences, Child Development Center. The guide is for health professionals who are involved in the care of children with handicaps. The text focuses on normal development patterns and some deviations that affect feeding, assessment of areas affecting feeding, and some remediation of feeding problems. The appendix includes resource lists and assessment tools. Available at \$4 from: University of Tennessee Center for the Health Sciences, Child Development Center, 711 Jefferson Avenue, Memphis, TN 38105.

HIGHER EDUCATION

Higher Education and the Handicapped: Resource Directory, 1982-83, is now available. The booklet is intended to provide a selection of resources touching the major areas of concern in the field of higher education and disabled students. It was developed for college or university administrators, faculty members, and counselors; vocational rehabilitation personnel; secondary teachers and counselors; service providers, parents, and disabled students. Briefly covered are: provisions of 503 regulations, support and funding resources, general and disability awareness, architectural and program accessibility, employment, independent living, legal and federal resources. This 25 page booklet is available without charge from: HEATH Resource Center, One Dupont Circle, Washington, DC 20036, (202) 833-4707.

LEARNING DISABILITIES/ EXCEPTIONAL CHILD

The Aspen Systems Corporation has recently published two titles in the area of special education, *Psychology of Learning Disabilities, Applications and Educational Practice* and the *Exceptional Child, A Psycho-socio-linguistic Approach*.

James A. DeRutter and William L. Wansart in *Psychology of Learning Disabilities* present a theoretical model and its application to instructional techniques. They develop age-related, hierarchically ordered levels of responding that distinguish the learning disabled from the non-learning disabled, and discuss specific strategies useful in teaching the learning disabled at each level of the model. There is emphasis on the information processing problems affecting the behavior of learning disabled persons. Assessment practices are also covered.

In *Reading, Writing, and the Exceptional Child*, M. Suzanne Hasenstab and Joan Laughton offer a synthetic model of reading instruction based on simultaneous, rather than sequential, use of psycho-socio-linguistic systems. The reading model can be used to devise strategies for evaluation and instruction of students with reading difficulties. The book gives analyses of 14 diagnostic reading tests and reviews of 76 supplemental reading and writing materials.

The above books may be ordered for \$23.50 each from the Aspen Systems Corporation, P.O. Box 6018, Gaithersburg, MD 20877, toll free (800) 638-8437 (in Maryland, 251-5233).

ASSISTIVE DEVICES

The Directory of Living Aids for the Disabled is the result of a joint effort of the Veterans Administration with industry to provide information on assistive devices for daily living. This 304 page catalog lists products by type of living aid, e.g. alarm clocks for blind individuals, typewriter control systems which can be activated by suck, blow or sensitive micro-switches. Information includes the brandname of the product, a brief functional statement and name of manufacturer and address. There are separate listings for the manufacturers and a state listing of manufacturers. The Directory is available from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402, Stock No. 051-000-00158-3, for \$7.50.

A project of the Center for Advanced Study in Education at the University of the State of New York has developed four guides entitled *A Curriculum to Foster Understanding of People with Disabilities* that are subtitled *Staff Orientation Manual*, *The Handicapped in Literature*, and *Science and Health Education Perspectives on the Handicapped*. In addition to helping teachers overcome the initial hesitancy some may exhibit in their approach to students with disabilities in the classroom, the goals of the guides are to improve students' understanding of disabilities, to improve students' understanding of people with disabilities, and to counteract the fears, superstitions and misconceptions about the disabled which are based on false information and exposure to negative, stereotypic thinking about people with handicaps. The four guides, which are 25 pages, 84 pages, 265 pages, and 210 pages respectively, are available at \$6 a set from: New York State Education Department, Publication Sales Desk, Room 169, Education Building Annex, Albany, NY 12234, (518) 474-3806.

The Office of Personnel Management has published a new booklet entitled *Handbook of Job Analysis for Reasonable Accommodation*. This is the second in a series of booklets on reasonable accommodation. The first booklet, *Handbook on Reasonable Accommodation*, defines a wide range of actions that can be taken to accommodate handicapped individuals, and is available from the Selective Placement Programs Office, Office of Personnel Management, 1900 E Street, N.W., Room 6514, Washington, DC 20415, (202) 632-4437. The second booklet focuses on a job analysis process which can be used to plan and select appropriate actions necessary to accommodate handicapped individuals in specific jobs and work environments. It includes a sample job analysis form and suggestions for accommodating individuals with specific handicapping conditions. The *Handbook of Job Analysis for Reasonable Accommodation*, 17 pages, soft cover, Stock No. 006-000-1285-0 is available at \$3.00 from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

Congressmen

(Continued from page 14)

Representative Larry Winn, Jr., ranking Republican on the Science and Technology Committee and ranking Republican on the U.S. Delegation to the European Parliamentarian's Union, who has had a leg amputation,

In introducing the honorees, Chairman DeVos said, "At this midpoint in the National Year of Disabled Persons, it is most appropriate that we honor those in public who exemplify the meaning of 'abilities,' not 'disabilities.' They are not handicapped; they happen to have a disability that they have overcome so that they can engage in and contribute to public service. In honoring them, we also are honoring the millions of other people who have conquered their disabilities."

